STAGE: ☐ Start of treatment ☐ Follow-up **FOR STAFF ONLY** UR Number: Date of birth:

REVIEW

The following questions ask about how you are going with your alcohol or drug use and other areas of your life. This will help us see how you progress.

GIVEN NAME: _____ **SURNAME:** _____ **AGE:** ____ **SEX:** ☐ MALE ☐ FEMALE

SECTION 1: SUBSTANCE USE AND GAMBLING				**How much have you used on an average day?**	
In the past four weeks (28 days) have you used any of the following substances? ☐ Yes ☐ No (if no skip to m) If yes, record number of days and how much you used in the past four weeks.			**If YES, days of use (1–28)**	**Amount**	**UNITS** (please circle)
a	Alcohol	☐ No ☐ Yes			Standard drinks
b	Cannabis	☐ No ☐ Yes			Joints, cones, grams, dollars
c	Amphetamine type substances (eg. ice, MDMA etc)	☐ No ☐ Yes			Points (grams), lines, pills, dollars
d	Prescribed benzodiazepines	☐ No ☐ Yes			Pills, dosage (mg)
e	Non-prescribed benzodiazepines	☐ No ☐ Yes			Pills, dosage (mg)
f	Prescribed Opioids (e.g. methadone/buprenorphine)	☐ No ☐ Yes			Pills, strips, dosage (mg), dosage (ml)
g	Non-prescribed Opioids (e.g. Heroin)	☐ No ☐ Yes			Points (grams), lines, pills, strips, dosage (mg), dosage (ml), dollars
h	Cocaine	☐ No ☐ Yes			Grams, lines, dollars
i	Other substance, if yes specify:	☐ No ☐ Yes			
j	Other substance, if yes specify:	☐ No ☐ Yes			
k	Daily tobacco use?	☐ No ☐ Yes			
l	Have you injected drugs in the past four weeks? (If no, skip to m)	☐ No ☐ Yes			
	(i) If yes, number of days injected				
	(ii) If yes, did you inject with equipment used by someone else?	☐ No ☐ Yes			
m	Have you gambled in the past four weeks? (If yes record the number of days in the past four weeks)	☐ No ☐ Yes			
SECTION 2: HEALTH AND WELLBEING					
	In the past four weeks:				
a	Have you had paid work (not including voluntary work)? (If yes, record the number of days in the past four weeks)	☐ No ☐ Yes			
b	Have you attended school, tertiary education or vocational training? (If yes, record the number of days in the past four weeks)	☐ No ☐ Yes			
c	Have you been homeless?	☐ No ☐ Yes			
d	Have you been at risk of eviction?	☐ No ☐ Yes			
e	Have you been arrested?	☐ No ☐ Yes			
f	Have you been violent (incl. domestic violence) towards someone?	☐ No ☐ Yes			
g	Has anyone been violent (incl. domestic violence) towards you?	☐ No ☐ Yes			
h	Have you been attended to by an ambulance or been in hospital?	☐ No ☐ Yes			
i	How would you rate your **psychological health status** in the past four weeks (anxiety, depression and problem emotions and feelings) 0 1 2 3 4 5 6 7 8 9 10 POOR GOOD				
j	How would you rate your **physical health status** in the past four weeks (extent of physical symptoms and bothered by illness) 0 1 2 3 4 5 6 7 8 9 10 POOR GOOD				
k	How would you rate your overall **quality of life** in the past four weeks (e.g. able to enjoy life, get on well with family and partner, satisfied with living conditions) 0 1 2 3 4 5 6 7 8 9 10 POOR GOOD				

FOR STAFF ONLY

Clinician name: Agency: Catchment: Signature: Date: